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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947
Registration District No. 98

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43453**
Registrar's No. 9

Primary Registration District No. 4159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Pattonsburg MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

3. (a) PRINT FULL NAME Nearct Sperry
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Della Sperry 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb 25 1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days X If less than one day hr. min.

9. Birthplace Daviess Co Mo. U (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Farmer

MOTHER FATHER { 12. Name Samuel Sperry Nearct
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Miriam Burton
15. Birthplace Daviess Co Mo. U (City, town, or county) (State or foreign country)

16. (a) Informant Wetmar Sperry
(b) Address Pattonsburg MO Rural

17. (a) Burial (b) Date thereof 12 27 46 (Month) (Day) (Year)

(c) Place: burial or cremation Koger Cemetery

18. (a) Signature of funeral director W. Bronner
(b) Address Pattonsburg MO

19. (a) 1-10-47 (b) Virginia M. Englehart (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Daviess 31
(c) City or town Pattonsburg MO 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1946 hour 7:40 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 24 1946
that I last saw him alive on Dec 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
general
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations M.B.
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature J. L. Johnson (M. D. or other) X
Address Pattonsburg MO Date signed 1/7/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. S. Bremer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.